


(IMPORTANT: Type or print; read instructions before completing form)

 <b>EPA</b> United States Environmental Protection Agency	<h1>FORM R</h1>	TRI Facility ID Number
		98134SHGRV3801E
		Toxic Chemical, Category or Generic Name
		Lead Compounds

WHERE TO SEND COMPLETED FORMS: 1. TRI Data Processing Center 2. APPROPRIATE STATE OFFICE  
 P.O.Box 1513 (See instructions in Appendix F)  
 Lanham, MD 20703-1513

Enter "X" here if this  
is a revision

For EPA use only

**Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.**

## PART I. FACILITY IDENTIFICATION INFORMATION

### SECTION 1. REPORTING YEAR 2006

### SECTION 2. TRADE SECRET INFORMATION

2.1	Are you claiming the toxic chemical identified on page 2 trade secret?	2.2	Is this copy	<input type="checkbox"/> Sanitized	<input type="checkbox"/> Unsanitized
	<input type="checkbox"/> Yes (Answer question 2.2; Attach substantiation forms) <input checked="" type="checkbox"/> NO (Do not answer 2.2; Go to Section 3)		(Answer only if "YES" in 2.1)		

### SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official:	Signature	Date Signed
Craig Puljan Plant Manager		07/02/2007

### SECTION 4. FACILITY IDENTIFICATION

4.1	Facility or Establishment Name	TRI Facility ID Number	98134SHGRV3801E
	Ash Grove Cement Co.	Facility or Establishment Name or Mailing Address (if different from street address)	
	Street	Mailing Address	
	3801 E. Marginal Way So.	NA	
	City/County/State/Zip Code	City/State/Zip Code	Country (Non-US)
	Seattle King W 98134		

4.2	This report contains information for: (Important: check a or b; check c or d if applicable)	a. <input checked="" type="checkbox"/> An entire facility	b. <input type="checkbox"/> Part of a facility	c. <input type="checkbox"/> A Federal facility	d. <input type="checkbox"/> GOCO
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4.3	Technical Contact Name	Gerald J. Brown	Telephone Number (include area code)
	Email Address	NA	(206) 623-5596

4.4	Public Contact Name	Craig Puljan	Telephone Number (include area code)
			(206) 623-5596

4.5	NAICS Code (s) (6 digits)	Primary	a. 327310	b.	c.	d.	e.	f.
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4.7	Dun & Bradstreet Number(s) (9 digits)	a. NA	b.
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### SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	NA <input checked="" type="checkbox"/>
5.2	Parent Company's Dun & Bradstreet Number	NA <input checked="" type="checkbox"/>

**EPA FORM R**  
**PART II. CHEMICAL - SPECIFIC INFORMATION**

TRI Facility ID Number  
 18-345FGRV3801-E  
 Toxic Chemical, Category or Generic Name  
 Lead Compounds

**SECTION 1. TOXIC CHEMICAL IDENTITY**

(Important: DO NOT complete this section if you completed Section 2 below.)

<b>1.1</b>	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) N420
<b>1.2</b>	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) Lead Compounds
<b>1.3</b>	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive.) NA

**Distribution of Each Member of the Dioxin and Dioxin-like Compounds Category.**

(If there are any numbers in boxes 1-17, then every field must be filled in with either 0 or some number between 0.01 and 100. Distribution should be reported in percentages and the total should equal 100%. If you do not have speciation data available, indicate NA.)

<b>1.4</b>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
NA																	

**SECTION 2. MIXTURE COMPONENT IDENTITY**

(Important: DO NOT complete this section if you completed Section 1 above.)

<b>2.1</b>	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.) NA
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**SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY**

(Important: Check all that apply.)

<b>3.1</b>	<b>Manufacture the toxic chemical:</b>	<b>3.2</b>	<b>Process the toxic chemical:</b>	<b>3.3</b>	<b>Otherwise use the toxic chemical:</b>
a. <input checked="" type="checkbox"/> Produce    b. <input type="checkbox"/> Import If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input checked="" type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging e. <input checked="" type="checkbox"/> As an impurity		a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input type="checkbox"/> Ancillary or other use	

**SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ONSITE AT ANY TIME DURING THE CALENDAR YEAR**

<b>4.1</b>	04 (Enter two-digit code from instruction package.)
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**SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE**

		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (enter code)	C. % From Stormwater
<b>5.1</b>	Fugitive or non-point air emissions NA <input type="checkbox"/>	1.2	E	
<b>5.2</b>	Stack or point air emissions NA <input type="checkbox"/>	1.4	O	
<b>5.3</b>	Discharges to receiving streams or water bodies (enter one name per box)			
Stream or Water Body Name				
<b>5.3.1</b>	NA			
<b>5.3.2</b>				
<b>5.3.3</b>				

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box   
 and indicate the Part II, Section 5.3 page number in this box.  (example: 1,2,3, etc.)

\* For Dioxin or Dioxin-like compounds, report in grams/year

## EPA FORM R

## PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

93 34 3H 3IV 3801 E

Toxic Chemical, Category, or Generic Name

Lead Compounds

## SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ONSITE (Continued)

		N	A. Total Release (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)
5.4.1	Underground Injection onsite to Class I Wells	<input checked="" type="checkbox"/>		
5.4.2	Underground Injection onsite to Class II-V Wells	<input checked="" type="checkbox"/>		
5.5	Disposal to land onsite			
5.5.1.A	RCRA Subtitle C landfills	<input checked="" type="checkbox"/>		
5.5.1.B	Other landfills	<input checked="" type="checkbox"/>		
5.5.2	Land treatment/application farming	<input checked="" type="checkbox"/>		
5.5.3A	RCRA Subtitle C Surface Impoundments	<input checked="" type="checkbox"/>		
5.5.3B	Other surface impoundments	<input checked="" type="checkbox"/>		
5.5.4	Other disposal	<input checked="" type="checkbox"/>		

## SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

## 6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)

## 6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1. Total Transfers (pounds/year\*)  
(enter range code\*\* or estimate)

NA

6.1.A.2 Basis of Estimate  
(enter code)

6.1.B 1

POTW Name

NA

POTW Address

City

State

County

Zip

6.1.B

POTW Name

POTW Address

City

State

County

Zip

If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages

In this box  and indicate the Part II, Section 6.1 page number in this box  (example: 1,2,3, etc.)

## SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.1 Off-Site EPA Identification Number (RCRA ID No.)

NA

Off-Site Location Name

NA

Off-site Address

City

State

County

Zip

Country  
(Non-US)

Is location under control of reporting facility or parent company?

☐

Yes

☐

No

\* For Dioxin or Dioxin-like compounds, report in grams/year

\*\* Range Codes: A= 1- 10 pounds; B= 11- 499 pounds; C= 500 - 999 pounds.

## EPA FORM R

## PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

93 34 SHG RV 3801 E

Toxic Chemical, Category, or Generic Name

Lead Compounds

## SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (Continued)

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

6.2. Off-Site EPA Identification Number (RCRA ID No.)

Off-Site location Name

Off-site Address

City		State		County		Zip		Country (Non-US)	
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Is location under control of reporting facility or parent company?

☐ Yes☐ No

A. Total Transfers (pounds/year*) (enter range code** or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

## SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY

☒ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence (enter 3-character code(s))	d. Waste Treatment Efficiency Estimate (enter 2 character code)									
7A.1a	<table border="1"> <tr> <td>7A.1b</td> <td>1</td> <td>2</td> </tr> <tr> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>6</td> <td>7</td> <td>8</td> </tr> </table>	7A.1b	1	2	3	4	5	6	7	8	7A.1d
7A.1b	1	2									
3	4	5									
6	7	8									
7A.2a	<table border="1"> <tr> <td>7A.2b</td> <td>1</td> <td>2</td> </tr> <tr> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>6</td> <td>7</td> <td>8</td> </tr> </table>	7A.2b	1	2	3	4	5	6	7	8	7A.2d
7A.2b	1	2									
3	4	5									
6	7	8									
7A.3a	<table border="1"> <tr> <td>7A.3b</td> <td>1</td> <td>2</td> </tr> <tr> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>6</td> <td>7</td> <td>8</td> </tr> </table>	7A.3b	1	2	3	4	5	6	7	8	7A.3d
7A.3b	1	2									
3	4	5									
6	7	8									
7A.4a	<table border="1"> <tr> <td>7A.4b</td> <td>1</td> <td>2</td> </tr> <tr> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>6</td> <td>7</td> <td>8</td> </tr> </table>	7A.4b	1	2	3	4	5	6	7	8	7A.4d
7A.4b	1	2									
3	4	5									
6	7	8									
7A.5a	<table border="1"> <tr> <td>7A.5b</td> <td>1</td> <td>2</td> </tr> <tr> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>6</td> <td>7</td> <td>8</td> </tr> </table>	7A.5b	1	2	3	4	5	6	7	8	7A.5d
7A.5b	1	2									
3	4	5									
6	7	8									

If additional pages of Part II, Section 6.2/7A are attached, indicate the total number of pages in this box  and indicate the Part II, Section 6.2/7A page number in this box:  (example: 1,2,3, etc.)

\* For Dioxin or Dioxin-like compounds, report in grams/year

## EPA FORM R

## PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI Facility ID Number

EPA Form 9350-1 (Rev. 8/2006)

Toxic Chemical, Category, or Generic Name

Lead Compounds

## SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES



Not Applicable (NA) -

Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1

2

3

## SECTION 7C. ON-SITE RECYCLING PROCESSES



Not Applicable (NA) -

Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1

2

3

## SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

		Column A Prior Year (pounds/year*)	Column B Current Reporting Year (pounds/year*)	Column C Following Year (pounds/year*)	Column D Second Following Year (pounds/year*)
8.1					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	2.8	2.6	2.6	2.6
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1d	Total other off-site disposal or other releases	NA	NA	NA	NA
8.2	Quantity used for energy recovery onsite	NA	NA	NA	NA
8.3	Quantity used for energy recovery offsite	NA	NA	NA	NA
8.4	Quantity recycled onsite	NA	NA	NA	NA
8.5	Quantity recycled offsite	NA	NA	NA	NA
8.6	Quantity treated onsite	NA	NA	NA	NA
8.7	Quantity treated offsite	NA	NA	NA	NA
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)	NA			
8.9	Production ratio or activity index	NA			
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	NA	a.	b.	c.	
8.10.2		a.	b.	c.	
8.10.3		a.	b.	c.	
8.10.4		a.	b.	c.	
8.11	If you wish to submit additional optional information on source reduction, recycling, or pollution control activities with this report, check "Yes."				Yes <input type="checkbox"/>

TRI Facility ID Number
98134SHGFV3C01E
Toxic Chemical, Category, or Generic Name
Lead Compounds

Submit to E

**SECTION 8.11. Submit additional optional information on source reduction, recycling, or pollution control activities.**